STATEMENT OF

FORM 1	ORGANIZATION (See instructions)		Office was probe
1. NAME OF COMMITTEE (in t	(Check if name Example ull) is changed) over the	e: If typying, type e lines	Office use only
Schering - Plo	ugh Corporation Better Government Fund		
ADDRESS (number and s	2000 Galloping Hill Rd		
(Check if address is changed)	Kenilworth		07033
	CITY▲	STATE	ZIP CODE 🛦
COMMITTEE'S E-MAI (Check if address is changed)	L ADDRESS (Please provide only one e-mail address spbgf@spcorp.com		
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
(Check if address is changed)			
2. DATE M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICA4. IS THIS STATEM		AMENDED (A)	
I certify that I have examine Type or Print Name of	ned this Statement and to the best of my knowledge and b	elief it is true, correct and complete	
Signature of Treasurer	Electronically Filed by Steven Koehler	Date	11
NOTE: Submission of fal	se, erroneous, or incomplete information may subject the p		
Office Use Only	Fe Fe	or further information contact: Ideral Election Commission Il Free 800-424-9530	FEC FORM 1 (Revised 02/2009)